



740

42A740

Revenue Cabinet

KENTUCKY INDIVIDUAL INCOME TAX RETURN  
Full-Year Residents OnlyFor calendar year or  
other taxable year beginning \_\_\_\_\_, 1998, and ending \_\_\_\_\_, 199\_\_\_\_\_.

1998

Attach Wage and Tax Statements and Payment Here—Staple to Top Page Only

Use KY label;  
if incorrect,  
see instruc-  
tions.  
Otherwise  
print or  
type.FILING  
STATUS  
(see  
instructions)

## CREDITS

ADJUSTED  
GROSS  
INCOMETAXABLE  
INCOME

## TAX

See  
instruc-  
tions for a  
detailed  
description  
of funds.TAX  
PAYMENT  
SUMMARY

Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)

Your Social Security Number

Mailing Address (Number and Street Including Apartment Number or P.O. Box)

Spouse's Social Security Number

City, Town or Post Office

State

ZIP Code

## POLITICAL PARTY FUND

Designating \$2 will not change your refund  
or tax due.

- 1 ☐ Single
- 2 ☐ Married, filing separately on this combined return. (If both had income.)
- 3 ☐ Married, filing joint return.
- 4 ☐ Married, filing separate returns. Enter spouse's Social Security number above and full name here. \_\_\_\_\_

A. Spouse B. Yourself

Democratic (1) ☐ (4) ☐

Republican (2) ☐ (5) ☐

No Designation (3) ☐ (6) ☐

See Page 2, Part I, to determine the credits to be claimed.

A. Spouse (Use if Filing  
Status 2 is checked.)B. Yourself  
(or Joint)

5 Enter the number of credits claimed for Column A and/or B from line 37 ..... ➤

6 Enter amount from federal Form 1040, line 33; 1040A, line 18 or 1040EZ, line 4 .... 6

7 Additions from page 2, Part II, line 41 ..... 7

8 Add lines 6 and 7 ..... 8

9 Subtractions from page 2, Part III, line 49 ..... 9

10 Subtract line 9 from line 8. This is your **Kentucky Adjusted Gross Income** ..... 1011 **Itemizers:** Enter itemized deductions from Kentucky Schedule A.**Nonitemizers:** Enter \$1,200 in Columns A and/or B ..... 1112 Subtract line 11 from line 10. This is your **Taxable Income** ..... 1213 Enter tax. Check if from ☐ **Tax Table or Computation** or ☐ **Schedule TC** ..... 13

14 Add tax amount(s) in Columns A and B, line 13 ..... 14

15 Enter **Low Income Tax Credit** from worksheet in the instructions ..... 15

16 Subtract line 15 from line 14 ..... 16

17 Enter **Child and Dependent Care Credit** from federal Form 2441, line 9 ➤ \_\_\_\_\_ x 20% (.20) ..... 1718 **Income Tax Liability.** Subtract line 17 from line 16. If line 17 exceeds line 16, enter zero ..... 1819 Enter **KENTUCKY USE TAX** from worksheet in the instructions ..... ➤ 1920 Add lines 18 and 19. This is your **Total Tax Liability** ..... 2021 (a) Enter **Kentucky income tax withheld** as shown on attached

1998 wage and tax statements ..... 21(a)

(b) Enter 1998 Kentucky estimated tax payments ..... 21(b)

22 Add lines 21(a) and 21(b) ..... 22

23 If line 22 is larger than line 20, enter **AMOUNT OVERPAID** (see instructions) ..... 2324 **Nature and Wildlife Fund Contribution** ➤ (Enter amount(s) checked)☐ \$2 ☐ \$5 ☐ \$10 ☐ Other ..... 2425 **Child Victims' Trust Fund Contribution** ☐ \$2 ☐ \$4 ☐ Other ..... 2526 **Bluegrass State Games and U.S. Olympic Committee Fund Contribution** ..... 2627 **Veterans' Program Trust Fund Contribution** ..... 27

28 Add lines 24 through 27 ..... 28

29 Amount of line 23 to be **CREDITED** to your 1999 ESTIMATED TAX ..... 2930 Subtract lines 28 and 29 from line 23. Amount to be **REFUNDED TO YOU** ..... **REFUND** 3031 If line 20 is larger than line 22, enter **ADDITIONAL TAX DUE** ..... 31

32 (a) 2210-K penalty ..... (c) Late payment penalty .....

☐ Check if Form 2210-K attached ..... (d) Late filing penalty .....

(b) Interest ..... (e) Add lines 32(a) through 32(d). Enter here... 32(e)

33 Add lines 31 and 32(e) and enter here. This is the **AMOUNT YOU OWE** ..... **OWE** 33Make check payable to **Kentucky State Treasurer**. Write your Social Security number and "KY Income Tax—1998" on the check.

➤ BE SURE TO SIGN YOUR RETURN ON REVERSE

1 2 3 P B N C F R

PART I—CREDITS		Check Regular	Check both if 65 or over	Check both if blind		
34	(a) Credits for yourself:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Enter number of boxes checked	34
	(b) Credits for spouse:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
35	List first names of your dependent children who lived with you.				Enter number of children listed	35
	(a) _____ (b) _____ (c) _____ (d) _____					
36	List name and relationship of other dependents.				Enter number of other dependents listed	36
	_____					
37	Add total number of credits claimed on lines 34, 35 and 36				Enter total credits	37
<p>Each taxpayer must claim his or her own credits from line 34. Credits from lines 35 and 36 may be divided. If married filing separately on a combined return (Filing Status 2), divide the amount on line 37 and enter in Columns A and B, page 1, line 5. All other filers enter the amount from line 37 in Column B, page 1, line 5.</p>						

## PART II—ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

		A. Spouse	B. Yourself (or Joint)
38	Enter interest income from bonds issued by other states and their political subdivisions		
39	Enter additions from partnerships, fiduciaries and S corporations		
40	Other additions (specify):		
	(a) _____		
	(b) _____		
	(c) _____		
41	Total Additions. Enter here and on page 1, line 7		

## PART III—SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

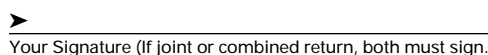
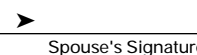


42	Enter state income tax refund or credit <b>reported</b> as income on federal Form 1040			
43	Enter interest income from U.S. government bonds and securities			
44	Enter excludable amount of retirement income (attach Schedule P if more than \$35,000)			
45	Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 20(b) (1040A, line 13(b))			
46	Enter long-term care insurance premiums not previously excluded. If self-employed, see worksheet in the instructions			
47	Enter subtractions from partnerships, fiduciaries and S corporations			
48	Other subtractions (specify):			
	(a) _____			
	(b) _____			
	(c) _____			
49	Total Subtractions. Enter here and on page 1, line 9			

**Attach a complete copy of federal Form 1040 if you received farm, business, rental or capital gain income or loss.**

**If you are not required to attach a copy of your federal return, check here ☐.**



I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Typed or Printed Name of Preparer Other than Taxpayer
 Social Security or Firm I.D. Number of Preparer
 Date

*If you do not wish to receive a packet next year, but need only a name and address label for filing your 1999 return, check here ☐.*

**Taxpayers filing paid-preparer returns will be sent only a label.**



Mail refund returns to Kentucky Revenue Cabinet, Frankfort, KY 40618-0006. Mail returns with payments to Kentucky Revenue Cabinet, Frankfort, KY 40619-0008. Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax—1998" on the check. Place on top of wage and tax statements on page 1.